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Attorneys for Plaintiff James Flora

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ARIZONA

IN RE BARD IVC FILTERS PRODUCTS LIABILITY LITIGATION THIS DOCUMENT RELATES TO: JAMES FLORA Civil Action No.: 2-16-CV-00517-DGC	No. MD-15-02641-PHX-DGC **SUGGESTION OF DEATH**

Plaintiff, by and through undersigned counsel and pursuant to Rule 25(a)(2) of the Federal Rules of Civil Procedure, hereby informs this Honorable Court of the death of Plaintiff James Flora, which occurred on October 12, 2016. A copy of the death certificate is attached as Exhibit A.

RESPECTFULLY SUBMITTED this 7th day of December, 2016.

SHAW COWART, LLP

By: */s/ Ethan L. Shaw*
Ethan L. Shaw (TX Bar No. 18140480)
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Attorneys for Plaintiff James Flora

Certificate of Service

I hereby certify that on this 7th day of December, 2016, I electronically transmitted the foregoing Suggestion of Death to the Clerk's Office using the CM/ECF System for filing and transmittal of a Notice of Electronic Filing to the attorneys who are registered with the Court's electronic filing system.

/s/ Ethan L. Shaw

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

4741427

KENTUCKY CERTIFICATE OF DEATH

116 201637837
Case #: E20161250160

To Be Completed By: Funeral Director (Must Be Typed)

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any)	AKA (TOM FLORA)
JAMES THOMAS FLORA	
1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE	N/A
2. SEX	MALE
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month)	October 12, 2016
4. SOCIAL SECURITY NUMBER	[redacted]
5a. AGE-LAST BIRTHDAY (Years)	62
5b. UNDER 1 YEAR: Months / Days	
5c. UNDER 1 DAY: Hours / Minutes	
6. DATE OF BIRTH (MM/DD/YYYY)	[redacted]
7. COUNTY OF DEATH	BOYD
8. PLACE OF DEATH (Check only one)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] Dead on Arrival OTHER: [ ] Hospice Facility [ ] Nursing Home/Long Term Care Facility [ ] Decedent's Residence [ ] Other (Specify)
9. FACILITY NAME (If not institution, give street and number)	KINGS DAUGHTERS MEDICAL CENTER (HOSPITAL)
10. CITY OR TOWN, STATE AND ZIP CODE	ASHLAND, KY 41101
11. BIRTHPLACE (City and State or Foreign Country)	MAYSVILLE, KENTUCKY
12. MARITAL STATUS	[ ] Married [ ] Married but Separated [ ] Widowed [ ] Divorced [X] Never Married [ ] Unknown
13. SURVIVING SPOUSE (If wife, give name prior to first marriage)	N/A
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired)	LABORER
15. KIND OF BUSINESS/INDUSTRY	SELF EMPLOYED
16. WAS DECEDENT EVER IN U.S. ARMED FORCES?	[ ] Yes [X] No
17a. RESIDENCE - State	KENTUCKY
17b. COUNTY	BOYD
17c. CITY OR TOWN	ASHLAND
17d. STREET AND NUMBER	P.O. BOX 1232, 2275 WINCHESTER AVE. #
17e. ZIP CODE	41105
17f. INSIDE CITY LIMITS?	[X] Yes [ ] No

18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)
[ ] 8th Grade or Less
[ ] 9th -12th Grade; No Diploma
[X] High School Graduate or GED Completed
[ ] Some College Credit but No Degree
[ ] Associates Degree (e.g., AA, AS)
[ ] Bachelor's Degree (e.g., BA, AB, BS)
[ ] Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino
(Specify)

20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] Native Hawaiian
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Guamanian or Chamorro
[ ] Korean
[ ] Vietnamese
[ ] Samoan
[ ] Other Asian (Specify)
[ ] Other Pacific Islander (Specify)
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Other (Specify)

21. FATHER'S NAME (First, Middle, Last)	JAMES RUSSELL FLORA
22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	PEARL ELLEN LITTLE
23a. INFORMANT'S NAME	LARRY FREMION
23b. RELATIONSHIP TO DECEDENT	BROTHER
23c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	P.O. BOX 1232, ASHLAND, KY 41105
24. METHOD OF DISPOSITION (Check only one):	[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	BALD POINT CEMETERY
26. LOCATION - City, Town, and State	VANCEBURG, KY
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such)	JOHN D. NORTHCUTT
DATE SIGNED (MM/DD/YYYY)	10/25/2016
(Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118	
28. KY LICENSE NUMBER (of licensee)	3547
29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	NORTHCUTT & SON HOME FOR FUNERALS PO BOX 388 MOREHEAD, KY 40351

To Be Completed By: Medical Certifier

30. DATE PRONOUNCED DEAD (MM/DD/YYYY)	10/12/2016
31. ACTUAL OR PRESUMED TIME OF DEATH	0154
32. WAS MEDICAL EXAMINER OR CORONER CONTACTED?	[ ] Yes [X] No

CAUSE OF DEATH

33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ->	a. CEREBRAL HERNIATION	1-12 HOUR(S)
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO (OR AS A CONSEQUENCE OF): b. CEREBROVASCULAR ACCIDENT	2-4 DAY(S)
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
CEREBROVASCULAR DISEASE

34. MANNER OF DEATH
[X] Natural [ ] Accident
[ ] Homicide [ ] Pending Investigation
[ ] Suicide [ ] Could not be Determined

35. WAS AN AUTOPSY PERFORMED?	[ ] Yes [X] No
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	[ ] Yes [ ] No
37. DID TOBACCO USE CONTRIBUTE TO DEATH?	[ ] Yes [ ] Probably [ ] No [X] Unknown
38. IF FEMALE:	[ ] Not pregnant within past year [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Pregnant at time of death [ ] Unknown if pregnant within past year
39. DATE OF INJURY (Month/Day/Year) (Spell Month)	
40. TIME OF INJURY	
41. INJURY AT WORK?	[ ] Yes [ ] No
42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
43. IF TRANSPORTATION INJURY, SPECIFY:	[ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other (Specify)
44. DESCRIBE HOW INJURY OCCURRED:	
45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)	

46. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.	
SIGNATURE	MATTHEW J PIERZALA, DO
(Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.118	
47. DATE CERTIFIED (MM/DD/YYYY)	11/06/2016
48. LICENSE NUMBER	02941
49. TITLE OF CERTIFIER	PHYSICIAN
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33)	MATTHEW PIERZALA KINGS DAUGHTERS MEDICAL CENTER, 2201 LEXINGTON AVENUE, ASHLAND, KY 41101
51. REGISTRAR'S SIGNATURE	Paul F. Royce
52. DATE FILED (MM/DD/YYYY)	11/07/2016

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 7th day of November, 2016.

FORM VS NO. 1-A

EXHIBIT A